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Attorney Docket No. 0235.06

Date Mailed: *June 22, 2004*

Serial No. 10/626,896

Filed: July 24, 2003

For: METHOD AND DEVICE FOR PREDICTING PHYSIOLOGICAL VALUES

Applicants: Timothy C. DUNN, et al

1. Transmittal Letter;
2. Second Preliminary Amendment;
3. Supplemental Information Disclosure Statement and Form 1449;
4. Non-Patent References (5);
6. Certificates of Express Mailing;
7. Return Receipt Postcard.

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CYGNUS PATENT DEPT



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NO. 4505 P. 5

**CERTIFICATE OF FIRST CLASS MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service under 37 CFR §1.8 on the date indicated below and addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

John C. Dunn  
Signature

July 22, 2004  
Date of Deposit

Cygnus Docket 0235.06  
Serial No: 10/626,896  
PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Timothy C. DUNN, et al.

Examiner:  
C. Chin

Serial Number: 10/626,896

Group Art Unit:  
1641

Filed: July 24, 2003

For: METHOD AND DEVICE FOR PREDICTING  
PHYSIOLOGICAL VALUES

**TRANSMITTAL LETTER**

**COPY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is a Second Preliminary Amendment in the above-identified patent application.

The fee has been calculated and is transmitted as shown below.

- Also enclosed:  
Supplemental Information Disclosure Statement, modified form 1449, copies  
of five (5) cited non-patent references;  
Certificates of First Class Mailing; and  
Return Receipt Postcard.

**COPY**

Cygnus Docket 0235.06  
Serial No: 10/626,896  
PATENT

No. of Claims After Amendment	Most Claims Previously Paid			Extra Claims		Additional Fee			
A. Total Claims	28	-	20	=	8	x	\$18	=	144.00
B. Ind. Claims	6	-	3	=	3	x	\$86	=	258.00
C. If amended to contain multiple dependent claims, add 270					\$290	=	0.00		
D. Total Amendment Fee (Total of A, B & C)						=	0.00		
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)						=	0.00		
F. Total Amendment Fee (D minus E)						=	\$402.00		

— A check for \$ 0 to cover the [extension of time fee and extra claims fee] is attached.

X Charge \$402.00 to Deposit Account No. 03-4058.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 03-4058. This is not, however, authorization to pay the issue fee.

Respectfully submitted,  
Cygnus, Inc.

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gary R. Fabian, Ph.D.  
Registration No. 33,875  
Agent for Applicants

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